

## **Mechanical Influences in Progressive Intervertebral Disc Degeneration.**

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**Running title:** Mechanical progression of disc degeneration

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## **Abstract**

**Study Design:** Mechanical study on cadaver motion segments.

**Objective:** To determine if high *gradients* of compressive stress within the intervertebral disc are associated with progressive disc degeneration.

**Summary of Background Data:** Mechanical loading can initiate disc degeneration, but may be unimportant in disease progression because degenerative changes cause the disc to be increasingly “stress-shielded” by the neural arch. However, the most typical feature of advanced disc degeneration (delamination and collapse of the annulus) may not depend on absolute values of compressive stress, but on *gradients* of compressive stress which act to shear annulus lamellae.

**Methods:** 191 motion segments (T8-9 to L5-S1) were dissected from 42 cadavers aged 19-92 yrs. Each was subjected to approximately 1 kN compression, while intradiscal stresses were measured by pulling a pressure transducer along the disc’s mid-sagittal diameter. “Stress gradients” in the annulus were quantified as the average rate of increase in compressive stress (MPa/mm) between the nucleus and the region of maximum stress in the anterior or posterior annulus. Measurements were repeated before and after creep loading, and in simulated flexed and erect postures. Disc degeneration was assessed macroscopically on a scale of 1 to 4.

**Results:** As grade of disc degeneration increased from 2 to 4, nucleus pressure decreased by an average 68%, and maximum compressive stress in the annulus decreased by 48-64%, depending on location and posture. In contrast, stress *gradients* in the annulus increased by an average 75% in the anterior annulus (in flexed posture), and by 108% in the posterior annulus (in erect posture). Spearman rank correlation showed that these increases were statistically significant.

**Conclusion:** Despite stress-shielding by the neural arch, *gradients* of compressive stress increase with increasing grade of disc degeneration. Stress gradients act to shear adjacent lamellae, and can explain progressive annulus delamination and collapse.

**Key words:** disc degeneration; delamination; progression; cadaveric; motion segments; stress gradient; shear; nucleus pressure; annulus compressive stress; stress-shielding.

**Level of Evidence:** N/A

#### **Precis [48 words]**

With increasing grade of disc degeneration, stress-shielding of the disc by the neural arch reduces nucleus pressure and peak compressive stresses on the annulus. Nevertheless, *gradients* of compressive stress in the annulus increase substantially. Stress gradients act to shear adjacent lamellae, and can explain progressive annulus delamination and collapse.

#### **Key Points**

1. Cadaver experiments showed that, with increasing grade of disc degeneration, nucleus pressure and maximum stress in the annulus both decrease markedly. However, stress *gradients* in the annulus increase.
2. Stress gradients are influenced by posture: they are greatest in the anterior annulus in flexion, and greatest in the posterior annulus in erect (lordotic) postures.

3. Gradients of compressive stress act to shear adjacent lamellae of the annulus, and could explain progressive annulus delamination and collapse.

## Introduction

Excessive mechanical loading can play a major role in the *initiation* of intervertebral disc degeneration. Longitudinal studies have shown how premature degeneration can be precipitated by injury to the disc or vertebral endplate,<sup>1,2</sup> and animal experiments confirm that physical disruption of the annulus or endplate leads inexorably to disc degeneration.<sup>3-5</sup> Underlying mechanisms have been demonstrated by laboratory experiments which show how physical damage decompresses the disc nucleus,<sup>6,7</sup> alters disc cell metabolism,<sup>8-10</sup> and increases annulus susceptibility to nerve and blood vessel ingrowth.<sup>11</sup>

The role of mechanical loading in the *progression* of disc degeneration remains unclear. Loss of proteoglycans and water from a degenerating disc<sup>12</sup> decompresses the nucleus<sup>13</sup> and increases load-bearing by the annulus.<sup>14</sup> Consequently, the annulus bulges outwards,<sup>15</sup> and inwards,<sup>16,17</sup> causing the disc to lose height, typically by 3-4% per year.<sup>18</sup> Neural arch load-bearing increases, especially in erect postures, thereby reducing the compressive load on the annulus.<sup>19,20</sup> Such 'stress-shielding' by the neural arch, combined with age-related reductions in muscle forces,<sup>21</sup> might be expected to limit disc height loss, and prevent the severe disc narrowing which is strongly associated with pain.<sup>22</sup> Perhaps genetic susceptibility<sup>23</sup> and matrix-degrading enzymes<sup>24</sup> drive later stages of disc degeneration, rather than mechanical loading? This question is important, because it raises the possibility that moderate disc degeneration might be halted, or reversed, by inhibiting matrix-degrading enzymes.

However, the influence of mechanical loading in progressive disc collapse may be greater than just suggested. Overall compressive loading of the disc will decrease because of stress-shielding,<sup>19</sup> but

other forms of loading may not. Degenerated discs typically show high *concentrations* of compressive stress<sup>25,26</sup> which create high shear stresses in the annulus. In homogeneous elastic solids, shear stresses are proportional to the rate of change of compressive stress with distance, and even in a complex material such as the annulus, the stress gradient (shown by the heavy solid line in Figure 2) will be directly related to the shear stresses which cause adjacent lamellae to slide past each other.<sup>27</sup> Interlamellar movements create the circumferential tears which increase in degenerated discs.<sup>28-30</sup> Furthermore, delamination of the annulus prevents individual lamellae from supporting each other, and is a precursor to the gross structural defects that characterize severe disc degeneration.<sup>16,17,31-33</sup>

For mechanical loading to cause annulus delamination, it must be severe enough to break the discrete radial ‘translamellar bridges’<sup>34,35</sup> which bind lamellae together. And if shear stresses are to be considered a driving force behind *progressive* disc degeneration, their magnitude must increase as degeneration progresses, even though overall compressive loading of the disc falls because of stress-shielding by the neural arch.

The present study aims to quantify annulus stress gradients in loaded cadaveric spines, and to determine how their location and magnitude vary with disc degeneration. We hypothesise that stress gradients, unlike maximum compressive stresses or nucleus pressure, *increase* with increasing grade of disc degeneration.

## **Materials and Methods**

**Cadaveric material** Spines from 42 donors, aged 19-96 yrs, with no history of trauma or prolonged bed rest, were dissected into “motion segments” comprising 2-3 vertebrae with intervening discs and ligaments. These were stored in sealed plastic bags at -20°C for up to six months until required for testing<sup>36</sup>. 191 specimens were obtained, ranging from T7-8 to L5-S1 (**Table 1**).

*Mechanical testing* Methods have been described and justified previously.<sup>36</sup> Each specimen was mounted in cups of dental plaster, and loaded on a hydraulic materials testing machine (Dartec-Zwick-Roell Ltd, U.K). Variable-height low-friction rollers attached to the upper cup enabled specimens to be compressed in flexed or extended (i.e. lordotic or erect standing) postures (**Figure 1**). Initially, each specimen was compressed for 15 minutes at 300 N to counteract post-mortem super-hydration.<sup>37</sup>

*‘Stress profilometry’* A miniature pressure transducer, side-mounted in a 1.3 mm-diameter needle, was pulled along the antero-posterior diameter of the disc while it was subjected to a mean compressive force of 1.1 kN for 20s. (The compressive force was as low as 0.75 kN, or as high as 2 kN, in a few exceptionally small or large specimens.) A displacement transducer attached to the needle indicated transducer position within the disc, enabling ‘stress profiles’ to be plotted (**Figure 2**). Rotating the pressure transducer needle about its long axis enabled the distribution of vertical stress (parallel to the spine’s long axis) and horizontal stress to be measured in successive tests. Profiles were repeated in a simulated erect standing or lordotic posture (0-4° of extension, depending on spinal level and mobility, mean 1.1°) and a moderately flexed posture (2-8° of flexion, mean 5.0°). After the initial measurements, specimens were ‘creep’ loaded at 1kN for two hours in order to simulate diurnal variation in disc hydration and mechanics.<sup>37</sup> Stress profiles were repeated immediately. After testing, specimens were dissected, and intervertebral disc degeneration graded on a scale of 1-4.<sup>25,38</sup>

*Analysis of ‘stress profiles’* All intradiscal stress measurements were normalised (scaled) for an applied compressive force of 1kN. Profiles of horizontal and vertical compressive stress were aligned on the same axes, and the functional ‘nucleus’ defined as that region where they differed from each other by less than 10%, and varied <10% with location (Figure 2). Maximum stresses in the anterior and posterior annulus, and their distance from the disc periphery, were recorded, as were the stress gradients in the anterior and posterior annulus. The straight line marking the stress gradient joined

the edge of the nucleus with the point of maximum stress in the annulus, as defined above, and so was an averaged rather than instantaneous measure of rate of change of stress with distance. All subsequent analyses refer to stress gradients measured from the vertical (axial) stress profile, which is simpler to interpret. Stress profiles from 10 discs were analysed on two separate days by two examiners, in order to assess inter- and intra-examiner reliability.

*Statistical analysis* Each motion segment was considered to be independent because ‘cadaver number’ had a negligible effect on the outcomes over and above the major influences of age, gender, and disc degeneration. Spinal level was scored from 1 (T7-T8) to 11 (L5-S1). Several outcome measures, including stress gradients, were marginally non-Normally distributed, so non-parametric ‘Spearman rank’ correlation was used to calculate correlation coefficients between these parameters. Accordingly, information concerning both median and mean values are included in the bar charts. Mean and median values were compared using Analysis of Variance (ANOVA) and Kruskal-Wallis, respectively. Analyses were performed using SPSS (v.19). Significance was accepted at the 5% level.

## Results

*Reproducibility of stress profiles* Intraclass correlation coefficients ranged from 0.64 to 0.99 for both between- and within-examiner comparisons.

*Nucleus pressure* Nucleus pressure was similar for non-degenerated grade 1 and 2 discs, but fell by 68% between grades 2 and 4 ( $P < 0.001$ , **Figure 3**). ‘Creep’ loading for 2 hrs also decreased nucleus pressure, by 20% and 13% in flexed and erect (lordotic) postures respectively, with the decrease being proportionally larger in more degenerated discs (Figure 3). Flexed posture increased nucleus pressure compared to erect posture, by 15% before creep, and by 8% after creep (data not shown).

*Maximum compressive stresses in the annulus* Maximum compressive stresses in the annulus also decreased between disc degeneration grades 2 and 4 (**Figure 4**), confirming the stress-shielding

effect of the neural arch on narrowed discs. In the anterior annulus, the effect was greatest in erect (lordotic) posture (mean fall in maximum compressive stress: 64%), and in the posterior annulus it was greatest in flexed posture (mean fall: 48%). The distance of maximum annulus stress from the disc periphery generally increased as degeneration progressed. If this distance was expressed as a % of the disc's antero-posterior diameter, and averaged over all four loading conditions (posture, creep), then the location of the anterior peak stress moved inwards from 17.6% (in grade 2 discs) to 22.3% in grade 4 discs ( $P < 0.002$ ). In the posterior annulus, this inward shift was non-significant.

*Stress gradients in the annulus* In contrast to the above results, stress gradients increased progressively with disc degeneration (**Figure 5**). In the anterior annulus, the effect was greater in flexed posture (for example, mean increase between disc grades 2 and 4 was 75%), and in the posterior annulus, the effect was greater in erect (lordotic) posture (mean increase 108%).

*Correlation between variables* Spearman correlation coefficients shown in Table 2 refer to results obtained (on all 191 specimens) after creep loading, and in flexed posture. All four equivalent data sets (before/after creep, flexed/erect posture) gave broadly similar results, but this combination was chosen because it is most typical of substantial spinal loading in-vivo: 'after creep' results are applicable to living discs during most of the day, after the extra water imbibed during sleep has been expelled, and 'flexed posture' is the functional posture for many manual labouring tasks.<sup>9</sup> Disc degeneration increased with age, but degeneration generally had the stronger influence on disc stresses and stress gradients. Among the highly significant correlations with disc degeneration were: decreasing nucleus pressure ( $r_s = -0.58$ ), decreasing maximum stress in the posterior annulus ( $r_s = -0.42$ ), and increasing stress gradients in the anterior and posterior annulus ( $r_s = 0.30$  and  $r_s = 0.16$  respectively). Broadly similar results were obtained in the other three loading conditions, although there were some notable postural effects: in *erect* posture after creep loading, increasing degeneration was associated with reducing maximum stress in the anterior annulus ( $r_s = -0.35$ ,  $P < 0.01$ ) as well as in the posterior annulus and nucleus.



*Influence of spinal level and gender* Nucleus pressure and annulus stresses generally decreased at lower spinal levels (Table 2) presumably because the applied compressive load was distributed over a larger disc. Results in Table 2 refer to flexed posture, but in erect posture also, lower spinal levels (cranio-caudally) were associated with reducing IDP ( $r_s = -0.27$ ,  $P < 0.01$ ) and reducing maximum stress in the posterior annulus ( $r_s = -0.30$ ,  $P < 0.01$ ). Intradiscal stresses were also lower in male specimens compared to female (data not shown), presumably for the same reason. In flexed posture (Table 2) posterior stress gradients increased at lower spinal levels ( $r_s = 0.20$ ,  $P < 0.01$ ).

## Discussion

*Summary of results* With increasing grade of disc degeneration, nucleus pressure and peak compressive stresses in the anterior and posterior annulus all decreased, because of increasing stress-shielding by the neural arch. However, stress gradients in the annulus *increased*. Most of these changes were large and highly significant, and were still evident when comparing between discs with moderate (grade 3) and severe (grade 4) degeneration.

*Strengths and weaknesses of the study* Cadaver studies can give reliable mechanical information concerning spinal tissues, because the effects of death and post-mortem storage are slight.<sup>39-41</sup> The stress profilometry technique has been validated, and transducer output shown to approximate to the average axial compressive stress acting perpendicular to its membrane, even in degenerated annulus tissue.<sup>19,42</sup> The main strength of the study is that a sufficiently large number of human spine specimens were tested, complete with their neural arch, to justify extensive sub-group analyses. The main limitation of the study is that it was cross-sectional, so it can show only that increasing stress gradients and increasing grade of disc degeneration are strongly associated with each other.

*Relationship to previous work* Nucleus pressure is known to fall with age and disc degeneration, both in living people<sup>13</sup> and cadaveric spines,<sup>25</sup> as compressive load-bearing is transferred increasingly

to the neural arch.<sup>19,20</sup> Most of this extra load on the neural arch is resisted by the apophyseal joints,<sup>43</sup> predisposing them to osteoarthritis.<sup>44</sup> In comparison, little is known about age-related changes in load-bearing by the annulus. It has traditionally been assumed that annulus loading must increase as nucleus pressure falls,<sup>45</sup> and direct measurements have shown that high concentrations of compressive stress can appear in the annulus of degenerated discs, especially posteriorly.<sup>25</sup> Such stress concentrations are known to depend on posture,<sup>46</sup> to increase in dehydrated discs,<sup>14</sup> and to be related to increased tissue strain,<sup>47</sup> and to pain.<sup>26</sup> However, stress concentrations do not imply that overall loading of the annulus is increased. Indeed, the only previous measurements of “maximum compressive stress” acting on the annulus showed that it either decreased, or remained constant with increasing age and degeneration.<sup>25</sup>

Annulus stress gradients have not previously been measured, but the resulting shear strains (deformations) have been quantified from high resolution MRI scans of cadaveric spine specimens loaded in compression.<sup>48</sup> These previous experiments showed that shear strains are particularly large in the inner annulus, and are greater in the anterior than posterior annulus, in agreement with stress gradient data in Figures 2 and 5. Later results showed that high annulus shear strains induce high radial tensile strains that act to pull lamellae apart, and that this effect a) increases when nucleus pressure is reduced following nucleotomy,<sup>49</sup> and b) is greatest in the region of the annulus that is compressed most by the bending,<sup>50</sup> as are stress gradients (compare Figures 4 and 5). More invasive techniques have shown that spinal bending movements generate large shear strains in the posterior and posterolateral annulus,<sup>51</sup> which is the region most affected by annulus tears.<sup>52</sup> Torsion also can cause delamination of the annulus,<sup>53</sup> but only after gross damage to the neural arch.<sup>54</sup> Mathematical models also predict that interlaminar shear stresses are high in the posterolateral annulus, and following annulus injury or degeneration.<sup>27,55,56</sup> Experimental investigations of the physical process of annulus delamination have shown that large shearing deformations are required to separate adjacent lamellae<sup>57</sup> and that the force required to ‘peel’ lamellae apart is higher in the outer than

inner annulus.<sup>58</sup> The present results are consistent with all of this work, and show for the first time that large stress gradients can be generated in discs during physiological loading, despite the major stress-shielding action of the neural arch.

*Interpretation of results* With increasing disc degeneration, redistribution of compressive stress occurs in two stages: initially, from nucleus to annulus; and then (following disc narrowing) from disc to neural arch. As a result, stress gradients in the annulus increase even though maximum compressive stresses decrease. The major influence of posture can be explained in terms of vertical deformations of the annulus: flexion compresses the anterior annulus most, causing this region to exhibit the highest stresses (Figure 4A) and stress gradients (Figure 5A) when the disc is degenerated. Conversely, extension (lordotic posture) compresses the posterior annulus most, causing it to exhibit the highest stresses (Figure 4A) and stress gradients (Figure 5B). Increased stress-shielding by the neural arch in extended (lordotic) postures ensures that maximum stresses in the posterior *and* anterior annulus decrease in the presence of disc degeneration (Figure 4).

Stress gradients (Figure 2) arise in the annulus whenever it is compressed unevenly. Uneven compression generates shearing stresses in the direction of the spine's long axis, encouraging lamellae to move vertically relative to their neighbours. Inter-lamella sliding is resisted by collagenous 'bridging elements' which bind the lamellae together,<sup>35</sup> so shear stresses probably have to exceed some threshold value before annulus delamination occurs. Experimental delamination of small samples of pig cervical annulus suggests that the maximum (threshold) value of shear resistance is followed by substantial (though reducing) resistance to shear,<sup>57</sup> possibly caused by reorientation of inter-lamellar fibres, and by fibre-matrix interactions.<sup>60</sup> Delamination can be followed by inwards and outwards collapse of the isolated unsupported lamellae,<sup>16,33</sup> and diverging lamellae may also disrupt the cartilaginous endplate to which they are anchored.<sup>61</sup> Delamination mechanisms have been demonstrated in living animals by bending rats' tails backwards for long periods and noting how the lamellae of the posterior annulus become disrupted.<sup>62</sup> Applying uneven

compression to human discs in organ culture<sup>10</sup> also causes lamellar disruption. The present study has one important advantage over this previous work: the experiments were on human spine specimens that retained the neural arch, so that measured stress gradients in the annulus took full account of the protective action of the neural arch in spines with narrowed discs.

Shear loading arising from stress gradients can also affect the cells in cartilage, causing them to synthesise more collagen<sup>63</sup> while increasing the risk of oxidative cell damage.<sup>64</sup> Shear has little effect on tissue volume, or fluid flow through the matrix, so these biological effects probably arise directly from cell deformation.

*Scientific and clinical relevance* Results show that, as disc degeneration progresses, the primary mechanical stimulus responsible for delamination and collapse of the annulus continues to increase, even though nucleus pressure and peak annulus stresses decrease. Occupational loading appears to have little influence on disc degeneration,<sup>65</sup> presumably because spinal tissues strengthen in response to moderate habitual loading.<sup>9</sup> Spinal degeneration, like back pain, is more likely to be associated with sudden overloading events.<sup>66</sup> Genetic inheritance<sup>23</sup> and ageing<sup>67</sup> are also major risk factors for spinal degeneration, probably because they influence the quality and strength of spinal tissues. When these considerations are taken into account, the present results make it difficult to argue that mechanical factors are important only in the initiation of disc degeneration, and that cell-mediated factors largely determine its progression. It follows that attempts to improve the metabolic characteristics of degenerated discs must be accompanied by steps to improve the worsening mechanical environment in which their cells operate, if healing or regeneration is to be achieved. A second implication of the present results concerns discogenic back pain. Back pain is strongly associated with specific structural changes to intervertebral discs, including annulus fissures,<sup>68,69</sup> annulus collapse,<sup>67,70</sup> and endplate damage.<sup>71</sup> Pain is also associated with inflammatory changes which can sensitise nerves to mechanical stimuli.<sup>72</sup> High stress gradients in the annulus have the potential to cause high local distortions of annulus tissue which could provoke a painful response,

and this probably explains why high stress concentrations and gradients have been associated with discogenic pain reproduction in surgical candidates.<sup>26</sup> The fact that annulus stress gradients increase, even when the disc becomes narrowed and protected by the neural arch, could explain why back pain tends to increase in proportion to the severity of disc degeneration.<sup>22,67,73</sup>

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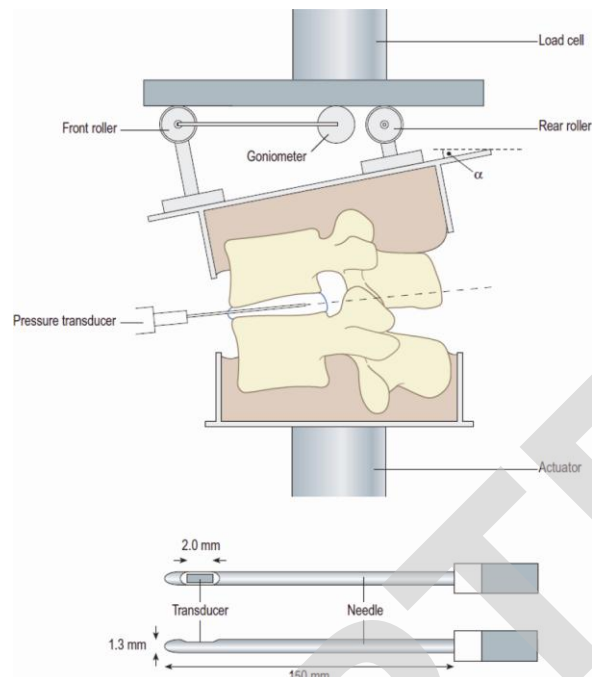
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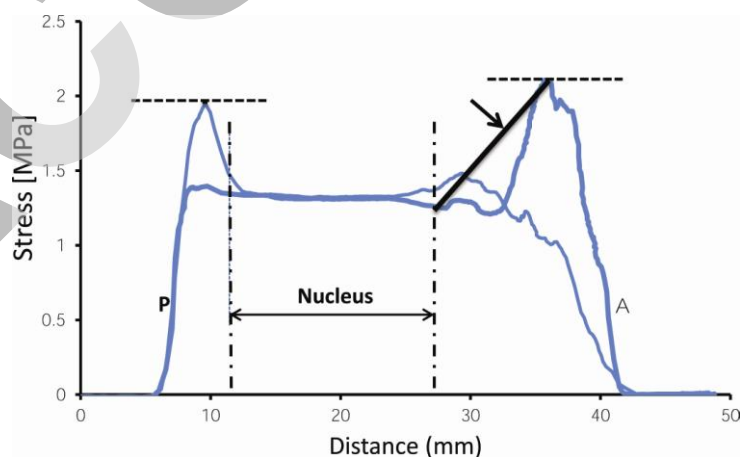
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## Figure Captions

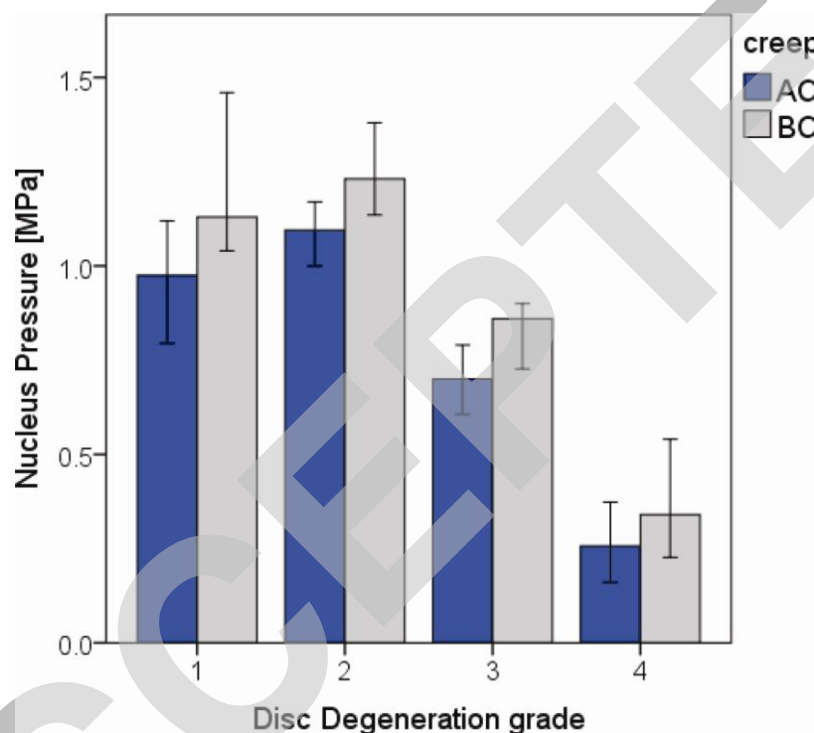


**Figure 1** Apparatus for loading cadaveric motion segments. Adjusting the height of the rear roller enabled the specimen to be compressed evenly while positioned in moderate flexion (as shown) or in a simulated erect (lordotic) posture. A miniature pressure transducer was pulled across the antero-posterior diameter of the loaded disc. Dimensions of the transducer are shown in the lower diagram.

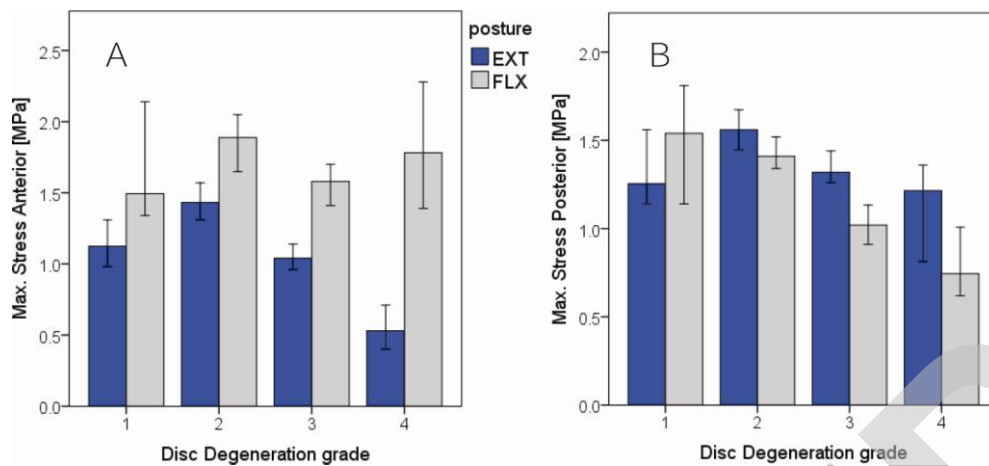


**Figure 2** “Stress profiles” show how compressive stress varies across the sagittal diameter of intervertebral discs. Stresses acting in the vertical and horizontal directions are denoted by the thick

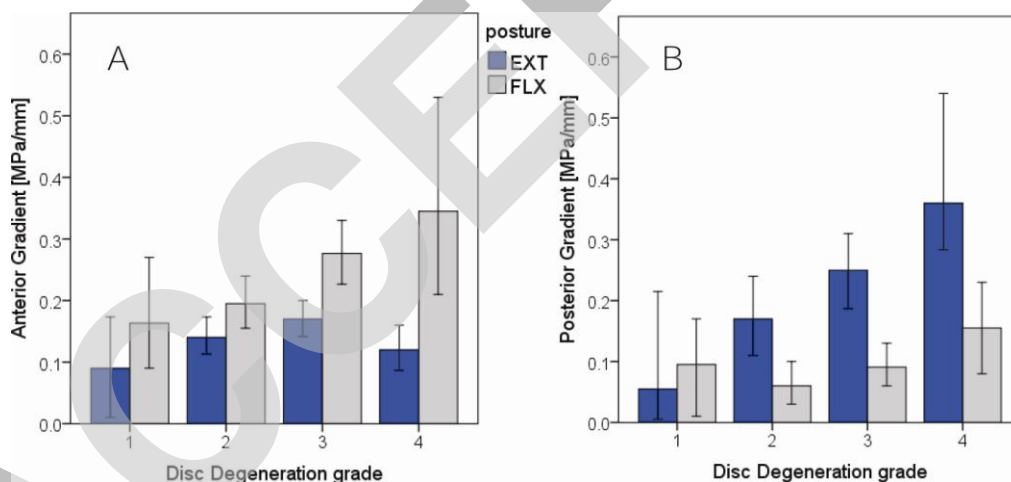
and thin lines, respectively. The functional nucleus is here defined as the region between the vertical broken lines, in which vertical and horizontal stresses vary by less than 10% in orientation or location. Horizontal dashed lines depict the maximum compressive stress in the anterior (A) and posterior (P) annulus. The arrow indicates the “stress gradient” measured in the anterior annulus from the profile of vertical stress: the line joins the anterior edge of the nucleus, as defined above, with the location of maximum stress in the anterior annulus.



**Figure 3** Nucleus pressure is shown for discs of different degeneration grades, both before and after sustained ‘creep’ loading (BC=before creep, AC = after creep). Data for 191 specimens have been averaged for flexed and erect postures. Bars represent median values, and error bars represent 95% CI about the *mean*.



**Figure 4** Maximum compressive stress in the anterior (A) and posterior (B) annulus is shown for discs of different degeneration grades, both in flexed (FLX) and erect/lordotic (EXT) postures. Data for 191 specimens have been averaged before and after sustained ‘creep’ loading. Bars represent median values, and error bars represent 95% CI about the *mean*.



**Figure 5.** Stress gradients in the anterior (A) and posterior (B) annulus are shown for discs of different degeneration grades, for both flexed (FLX) and erect/lordotic (EXT) postures. Data for 191 specimens have been averaged before and after sustained ‘creep’ loading. Bars represent median values, and error bars represent 95% CI about the *mean*.

**Table 1.** Details of the 191 spine specimens tested.

|              |    | Disc degeneration grade<br>(1-4) |    |    |   | Gender |      |
|--------------|----|----------------------------------|----|----|---|--------|------|
|              |    | 1                                | 2  | 3  | 4 | Female | Male |
| Thoracic     | 65 | 1                                | 25 | 30 | 9 | 27     | 38   |
| Upper lumbar | 83 | 4                                | 35 | 37 | 7 | 37     | 46   |
| Lower lumbar | 43 | 4                                | 15 | 20 | 4 | 19     | 24   |

**Table 2** Correlations between variables. Spearman rank correlation coefficients ( $r_s$ ) are presented for data obtained in flexed posture after creep loading. \*  $P < 0.05$ ; \*\* $P < 0.01$ .

|                           | Age<br>(yr) | Disc<br>degen.<br>(grade1-4) | IDP<br>(MPa) | Spinal<br>level<br>(1-12) | Gradient<br>- anterior<br>(MPa/mm) | Gradient<br>- posterior<br>(MPa/mm) | Max. stress<br>- anterior<br>(MPa) | Max. stress<br>- posterior<br>(MPa) |
|---------------------------|-------------|------------------------------|--------------|---------------------------|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| Age (yr)                  | 1.00        | 0.39**                       | -0.42**      | -0.18*                    | 0.23**                             | 0.18*                               | 0.05                               | -0.38**                             |
| Disc degen<br>(grade 1-4) |             | 1.00                         | -0.58**      | -0.07                     | 0.30**                             | 0.16*                               | 0.04                               | -0.42**                             |
| IDP (MPa)                 |             |                              | 1.00         | -0.12                     | -0.25**                            | -0.31**                             | 0.23**                             | 0.70**                              |
| Spinal<br>level<br>(1-11) |             |                              |              | 1.00                      | -0.14                              | 0.20**                              | -0.41**                            | - 0.05                              |
| Gradient<br>- anterior    |             |                              |              |                           | 1.00                               | 0.08                                | 0.47**                             | -0.11                               |



|                            |  |  |  |  |  |      |         |        |
|----------------------------|--|--|--|--|--|------|---------|--------|
| Gradient<br>- posterior    |  |  |  |  |  | 1.00 | -0.21** | 0.12   |
| Max. stress<br>- anterior  |  |  |  |  |  |      | 1.00    | 0.20** |
| Max. stress<br>- posterior |  |  |  |  |  |      |         | 1.00   |

ACCEPTED